

INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS OF TEMPORARY ASSISTANCE, follow these instructions:

- Part 1:** List child(ren)'s name, school, grade, and a Food Stamp or Temporary Assistance case number. Check the box next to the Food Stamp or Temporary Assistance case number indicating which type of assistance is received. A Food Stamp/Temporary Assistance number is a ten digit number and the first two digits currently are "00". A 16-digit Electronic Benefit Transfer (EBT) card number is NOT acceptable. Currently an EBT number starts with 5076. If you do not know your Food Stamp or Temporary Assistance number, call your local Family Support Division, Social Services office.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

If you are applying for a FOSTER CHILD, use a separate application for each foster child, follow these instructions:

- Part 1:** List the child's name, school, and grade.
- Part 2:** Check the box and list the child's personal use monthly income. Write "0" if no personal use income.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each child's name, school, and grade.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from last month.
Column 1 – Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
Column 2 – Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). List the amount each person got last month from welfare, child support, alimony, pensions, retirement, Social Security, and all other income in the appropriate categories. In the other income column include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person received it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
Column 3 – Check if no income: If the person does not have any income, check the box.
- Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 5:** Answer this question if you choose to.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. CHILDREN IN SCHOOL

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	List Food Stamp (FS) or Temporary Assistance (TA) case # for each child (not a 16 digit EBT card #) and check appropriate box: FS <input type="checkbox"/> or TA <input type="checkbox"/> . Skip to Part 4 if you list a FS or TA case #.
			0 0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			0 0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			0 0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			0 0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			0 0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>

PART 2. FOSTER CHILD (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box ☐ and then list the amount of the child's personal use monthly income \$ _____. (Write "0" if the child has no personal use income.) Skip to Part 4.

PART 3. TOTAL HOUSEHOLD GROSS INCOME – YOU MUST TELL US HOW MUCH AND HOW OFTEN

1. Name (List everyone in household) Please attach an additional page if needed.	2. Gross income and how often it was received								3. Check if NO Income
	Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security		All Other Income		
	Income	How often	Income	How often	Income	How often	Income	How often	
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

PART 4. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 3 is completed, the adult signing the application must also list his or her complete Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____
 Address: _____ City: _____ Zip Code: _____
 Phone number: _____ Social Security #: _____ - _____ - _____ ☐ I do not have a Social Security #.

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance Program case number for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

PART 5. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)

Mark one or more racial identities:

- ☐ Asian
☐ White
☐ Black or African American

- ☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Other

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington DC 20250-9410 or call (800) 795-3272 (voice) or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____
 Food Stamps/Temporary Assistance: ☐ Eligibility: Free ☐ Reduced ☐ Denied ☐ Reason: _____ Date Withdrawn: _____
 Temporarily Approved: Free ☐ Temporarily Approved Until: _____ (allow no more than 45 calendar days) Until: _____ Until: _____
 Determining Official's Signature: _____ Date Approved/Denied: _____
 Confirming Official's Signature (For verification purposes only): _____ Date: _____

